## 

G	ill in this inf	ormation to i	dentify your case	et e		e box only as dire in Form 122A-1Su				
D	ebtor 1	Kathleen First Name	<b>P</b> Middle Name	Batterson Last Name	_	no presumption of abus				
	ebtor 2 Spouse, if filing)		Middle Name	Last Name	2. The calc	ulation to determine if a applies will be made u	presumption nder Chapter 7			
U	Inited States Ba	nkruptcy Court fo	or the: <b>EASTERN DIS</b>	Means Test Calculation (Official Form 122A-2).						
1	ase number f known)				3. The Means Test does not apply now becauding of qualified military service but it could apply later.					
					Check if t	his is an amended filinç	9			
Of	fficial Form	122A-1								
CI	hapter 7 S	tatement o	f Your Current	Monthly Income			12/19			
info are mil 122	ormation applice exempted from litary service, c 2A-1Supp) with	es. On the top on a presumption complete and file this form.	f any additional page n of abuse because y	theet to this form. Include the s, write your name and case ou do not have primarily constition from Presumption of Ab	number (if know) sumer debts or b	n). If you believe that ecause of qualifying	you			
1.	What is your marital and filing status? Check one only.									
	✓ Not married. Fill out Column A, lines 2-11.									
	Married and your spouse is filing with you. Fill out both Columns A and B, lines 2-11.									
	Married and your spouse is NOT filing with you. You and your spouse are:									
	Living in the same household and are not legally separated. Fill out both Columns A and B, lines 2-11.									
	dec	lare under penalt	arated under nonb	Il out Column B. By checking this box, you er nonbankruptcy law that applies or that you Test requirements. 11 U.S.C. § 707(b)(7)(B).						
	Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.									
					Column A  Debtor 1	Column B  Debtor 2 or non-filing spouse				
2.	•	vages, salary, tip yroll deductions).	os, bonuses, overtime	e, and commissions	\$0.00					
3.	Alimony and if Column B is		ayments. Do not inclu	de payments from a spouse	\$0.00					
4.	expenses of regular contrib your depende	you or your dep outions from an u ents, parents, and	roommates. Include r	-	\$0.00					

## 

otor 1 Kathleen P Batterson			c	ase number (if k	nown)
				Column A  Debtor 1	Column B  Debtor 2 or non-filing spouse
Net income from operating a busin	ess, profession, o	or farm			
	Debtor 1	Debtor 2			
Gross receipts (before all deductions)	\$0.00		-		
Ordinary and necessary operating expenses	\$0.00		- Copy		
Net monthly income from a business, profession, or farm	\$0.00		here	\$0.00	
Net income from rental and other re	et income from rental and other real property				
	Debtor 1	Debtor 2			
Gross receipts (before all deductions)	\$0.00		-		
Ordinary and necessary operating expenses	\$0.00		- Copy		
Net monthly income from rental or other real property	\$0.00		here →	\$0.00	
Interest, dividends, and royalties				\$0.00	
Unemployment compensation				\$0.00	
For you  For your spouse  Pension or retirement income. Do was a benefit under the Social Securinext sentence, do not include any coallowance paid by the United States of disability, combat-related injury or disuniformed services. If you received a of title 10, then include that pay only amount of retired pay to which you wounder any provision of title 10 other the	not include any amity Act. Also, exception pensation, pension of the contract	nount received that pt as stated in the on, pay, annuity, on nection with a a member of the dunder chapter 6 as not exceed the entitled if retired	pr	\$1,553.00	
Income from all other sources not amount. Do not include any benefits payments received as a victim of a w international or domestic terrorism; or allowance paid by the United State disability, combat-related injury or dis uniformed services. If necessary, list and put the total below.	received under the rar crime, a crime a r compensation, pe es Government in c sability, or death of	e Social Security A gainst humanity, of ension, pay, annui connection with a a member of the	Act; or		
Total amounts from separate pages,	if any.		— +		+

## 

Deb	tor 1 Kathleen P Batterson	Case number (if known)						
	Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column.		Column A Debtor 1 Debtor 2 or non-filing spous  \$1,553.00	se \$1,553.00  Total current monthly income				
Part 2: Determine Whether the Means Test Applies to You								
12.	Calculate your current monthly income for the year							
	12a. Copy your total current monthly income from li	ine 11	Copy line 11 here	2a. <b>\$1,553.00</b>				
	Multiply by 12 (the number of months in a yea	r).		X 12				
	12b. The result is your annual income for this part of	of the form.	12	2b. <b>\$18,636.00</b>				
13.	Calculate the median family income that applies t	to you. Follow these steps:						
	Fill in the state in which you live.	Pennsylvania						
	Fill in the number of people in your household.	1						
	Fill in the median family income for your state and size	ze of household	13	<b>\$64,277.00</b>				
	To find a list of applicable median income amounts, instructions for this form. This list may also be available.	•						
14.	How do the lines compare?							
	14a. Line 12b is less than or equal to line 13. On the top of page 1, check box 1, There is no presumption of abuse Go to Part 3. Do NOT fill out or file Official Form 122A-2.							
	14b. Line 12b is more than line 13. On the top Go to Part 3 and fill out Form 122A-2.	presumption of abuse is determined by	/ Form 122A-2.					
Pa	art 3: Sign Below							
By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.								
	X /s/ Kathleen P Batterson Kathleen P Batterson. Debtor 1	ature of Debtor 2						
	Raulieen F Datterson, Deptor 1	Signa	itule of Debtol 2					
	Date 12/29/2023	Date						
	MM / DD / YYYY	MM / DD / YYYY						
If you checked line 14a, do NOT fill out or file Form 122A-2.								

If you checked line 14b, fill out Form 122A-2 and file it with this form.